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PTO/SB/21 (08-00)
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| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 09/728,624 |
| | Filing Date | 11/30/00 |
| | First Named Inventor | Michael K. Eneboe |
| | Group Art Unit | 2663 |
| | Examiner Name | Juntima, N. |
| Total Number of Pages in This Submission | Attorney Docket Number | K35A0689 |

| ENCLOSURES (check all that apply) | | |
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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|--|
| Firm or Individual name | Howard H. Sheerin, Registration No. 37,938 |
| Signature | <i>Howard H. Sheerin</i> |
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| | | Application Number 09/728,624 | Filed 11/30/00 |
| | | For ISOCHRONOUS SWITCHED FABRIC NETWORK | |
| | | Group Art Unit 2663 | Examiner Juntima, N. |
| <p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ <u>500</u>.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>23-1209</u>. I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the</p> <p><input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p><input type="checkbox"/> attorney or agent of record.</p> <p><input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>#37,938</u></p> <p style="text-align: right;"> Signature <u>Howard H. Sheerin</u> Typed or printed name <u>3/3/05</u> Date</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below".</p> <p><input type="checkbox"/> *Total of <u>1</u> forms are submitted.</p> | | | |

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